



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90047 019 \*\*\*150.00

<b>DOCUMENT # P01000079818</b>					
<b>1. Entity Name</b> J.S. INVESTMENTS OF NORTHEAST FLORIDA, INC.					
<b>Principal Place of Business</b> 3400 US 1 NORTH, SUITE 6 BUNNELL, FL 32110			<b>Mailing Address</b> 3400 US 1 NORTH, SUITE 6 BUNNELL, FL 32110		
<b>2. Principal Place of Business</b> 1120 CR 305 Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1120 CR 305 Suite, Apt. #, etc.			
<b>City &amp; State</b> BUNNELL FL		<b>City &amp; State</b> BUNNELL FL		<b>4. FEI Number</b> 59-3737192	
<b>Zip</b> 32110		<b>Country</b> FLAGLER		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SAVNIK, JAMES JR. 3400 US 1 NORTH, SUITE 6 BUNNELL, FL 32110				<b>7. Name and Address of New Registered Agent</b> Name: SAVNIK, JAMES JR. Street Address (P.O. Box Number is Not Acceptable): 1120 CR 305 City: BUNNELL FL Zip Code: 32110	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVNIK, JAMES JR. <input type="checkbox"/> Delete 3400 US 1 NORTH, SUITE 6 BUNNELL, FL 32110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAVNIK, JAMES JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1120 CR 305 BUNNELL, FL 32110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>JAMES SAVNIK, JR.</u>			4/5/05 386-437-3824		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		